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A Delaware limited liability partnership
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FACSIMILE TRANSMITTAL SHEET

FIRM/COMPANY: USPTO

FACSIMILE NUMBER: 571-273-8300

CONFIRMATION

TELEPHONE:

FROM: PAUL A. SCHWARZ, ESQ.

DIRECT DIAL: 609.631.2446

DATE: August 3, 2006

FILE : ATTORNEY DOCKET NO.: N0652-120/FLEUTE-1

TOTAL # OF PAGES:
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. Fleute-1/N0652-120	
Applicant(s): Fleute, et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/088,772	07/30/2002	Patel, Shefali D.	28581	2621	2310	
Invention: RESTORING OF THREE-DIMENSIONAL SURFACES BY USING STATISTICAL MODELS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 04-1679</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <i>Signature</i>						
Dated: August 3, 2006						
<p>Paul A. Schwarz, Esq. PTO Registration No. 37,577</p> <p>Duane Morris LLP P.O. Box 5203 Princeton, New Jersey 08543-5203 Telephone: 609-631-2446 Facsimile: 609-631-2401</p>						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</p> <p>(Date) _____</p>						
<i>Signature of Person Mailing Correspondence</i>						
<i>Typed or Printed Name of Person Mailing Correspondence</i>						
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